AST AVOIDDIE CUPY																
PATENT APPLICATION FEE DETERMINATION RECORD /													7061			
CLAIMS AS FILED - PART I									SMALL ENTITY OTHER THAN							
FC)R		(Column 1) NUMBER FILED			(Column 2) NUMBER EXTRA			TYF	_	FEE	OR 1 I	SMALL	FEE		
ВА	SIC FEE										345.00	OR	HAIE	690.00		
ТО	TAL CLAIMS		2 % minus 20=			• 8			X\$ 9			OR	X\$18=	Aul		
INDEPENDENT CLAIMS			4 minus 3 =						X39				X78=	144		
MULTIPLE DEPENDENT CLAIM PRESENT							·		-			OR		78		
* If the difference in column 1 is less than zero, enter "0" in column 2									+130			OR	+260=	C (2)		
CLAIMS AS AMENDED - PART II									TOTA	ΑL	<u> </u>	OR	TOTAL	912		
(Column 1) (Column 2) (Column 3)								_	SMA	LL I	ENTITY	OR	OTHER SMALL			
AMENDMENT A		REM A	AIMS MAINING FTER NDMENT		Ρ	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	<u>6 </u>	Minus	**	28	= .	مني	_ X\$ 9)=		OR	X\$18=			
	Independent	•	1	Minus	••	· <u>4</u>	=		⊃X39	W-		OR	X78=			
<u> </u>	FIRST PRESE	ON OF MU	JLTIPLE DEI	PEN	DENT CLAIM	-	,	+130				+260=				
								ı	TO			OR	TOTAL			
	(Column 1) (Column 2) (Column 3)								ADDIT. F	EE		OR	ADDIT. FEE			
AMENDMENT B		CL REM Al	AIMS IAINING FTER NDMENT		P	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		FIATE	ADDI- TIONAL FEE		
	Total	•		Minus	**		=		X\$ 9	=		OR	X\$18=			
	Independent	٠		Minus	••		=		X39:	=		OR	X78=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130	_		OR	+260=			
*								ı	10	ΓAL		OP.	TOTAL			
		(Col	umn 1)		10	Column 2)	(Column 3)	•	ADDIT. F	EEI	·	,	ADDIT, FEE			
AMENDMENT C		CL REM Af	AIMS IAINING FTER VDMENT	. 6	PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	٠		Minus	**		=		X\$ 9	_		OR	X\$18=	· · · · · · · · · · · · · · · · · · ·		
	Independent	٠		Minus	**		=	l	X39=			OR	X78=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							!	+130:	-						
• 1	" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."											OR	+260= TOTAL			
** [If the "Highest Nur If the "Highest Nur The "Highest Nurr	mber Pr	eviously Pa eviously Pa	aid For" IN THI aid For" IN THI	S SP. S SP.	ACE is less that ACE is less tha	n 20, enter "20. n 3, enter "3."	,	TOT ADDIT, F and in the	EE	ropriate box		ADDIT. FEE			

FORM PTO-875 (Rev. 12/99)